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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No. <b>53807-00076USPT</b>	
	First Inventor <b>Andres Reial</b>	
	Title	<b>METHOD OF AND APPARATUS FOR COMPUTATION OF UNBIASED POWER DELAY PROFILE</b>
	Express Mail Label No.	<b>EV 296582610 US</b>

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>23</b> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>2</b> ] 5. Oath or Declaration [Total Sheets <b>1</b> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <b>Declaration and Power of Attorney (not          executed)</b>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☐ Customer Number: \_\_\_\_\_ OR ☒ Correspondence address below

Name	<b>JENKENS &amp; GILCHRIST, A PROFESSIONAL CORPORATION</b>				
	<b>Ross T. Robinson</b>				
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Country	<b>US</b>	Telephone	<b>(214) 855-4500</b>	Fax	<b>(214) 855-4300</b>

Name (Print/Type)	<b>Ross T. Robinson</b>	Registration No. (Attorney/Agent)	<b>47,031</b>
Signature	<i>Ross T. Robinson</i>	Date	<b>January 12, 2004</b>

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 296582610 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 12, 2004

Signature *Carol Mitchell* (Carol Mitchell)

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		<p><b>Compleat if Kn wn</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">Not Yet Assigned</td> </tr> <tr> <td>Filing Date</td> <td>Concurrently Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Andres Reial</td> </tr> <tr> <td>Examiner Name</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Art Unit</td> <td>N/A</td> </tr> <tr> <td>Attorney Docket No.</td> <td>53807-00076USPT</td> </tr> </table>		Application Number	Not Yet Assigned	Filing Date	Concurrently Herewith	First Named Inventor	Andres Reial	Examiner Name	Not Yet Assigned	Art Unit	N/A	Attorney Docket No.	53807-00076USPT
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$)	878.00													

<p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check           <input type="checkbox"/> Credit Card           <input type="checkbox"/> Money Order           <input type="checkbox"/> Other           <input type="checkbox"/> None       </p> <p> <input type="checkbox"/> Deposit Account:          Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">10-0447</span>          Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">Jenkins &amp; Gilchrist, a Professional Corporation</span> </p> <p>The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge any deficiencies           <input checked="" type="checkbox"/> Credit any overpayments  <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.       </p>				<p><b>FEE CALCULATION</b> (continued)</p>																																																																																																																																																																																																																																															
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<p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>26</td> <td>-20** =</td> <td>6</td> <td>x</td> <td>18.00</td> <td>=</td> <td>108.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3** =</td> <td></td> <td>x</td> <td></td> <td>=</td> <td>0.00</td> </tr> <tr> <td colspan="8">Multiple Dependent</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$) 108.00</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>				Total Claims		Extra Claims		Fee from below		Fee Paid			26	-20** =	6	x	18.00	=	108.00	Independent Claims	3	-3** =		x		=	0.00	Multiple Dependent								Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$) 108.00																																																																																																																																																																		
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SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Ross T. Robinson	Registration No. (Attorney/Agent)	47,031
Signature		Telephone	(214) 965-7300
		Date	January 12, 2004

<p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 296582610 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p> <p>Dated: January 12, 2004      Signature:  (Carol Mitchell)</p>	
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